Teen Read Week All-Nighter Permission Slip

Dear Parent/Guardian and teen,

Your teen** is requesting permission to come to the Newberg Public Library on Friday, October 19th, 2012 to celebrate Teen Read Week by spending the night with staff and other teens. We will open the doors after dinner at 8 p.m. on Oct. 19th. If your teen has not arrived by 8:30 p.m. when we lock the doors for the night, you will be notified of their absence within the hour. Once the doors are locked, no one may leave or enter the building (emergency circumstances aside) until the program ends at 6 a.m. Saturday, October 20th, 2012 and your teen will need to picked up.

We plan to have a fun and relaxed evening of sharing, games, computer time, activities, music, movies, and snacks. We expect the teens to behave with respect to the Library, its staff, its materials as well as one another*

If you have any questions, please contact K'Lyn Hann at 503.554.7732 or email at klyn.hann@newbergoregon.gov. *For your emergency use during this event, please call (503)538-8376.*

Thanks,

K'Lyn Hann, Young Adult Librarian

***For youth 12 years old through high school**

I, _____, hereby give my permission that

_____ may spend the night of Friday, October 19th, 2012 at the Newberg Public Library in celebration of Teen Read Week. I recognize that the library is not responsible for my teen if s/he does not arrive by the designated lock-in time of 8:30 p.m. on Friday, October 19th, 2012 or if my teen should leave the building before the program ends at 6 a.m. on Saturday, October 20th, 2012. I will provide a phone number below at which I may be reached if any of the following circumstances arise regarding my teen:

- ***If my teen does not arrive before 8:30 p.m. on Fri., Oct. 19th, 2012***
- ***If the Library staff deems it necessary to ask that I come get my teen before the designated 6 a.m. on Saturday, October 20th, 2012****
- ***If an emergency should arise or ill health becomes an issue***

****The Library staff reserves the right to ask any participant whose behavior is unacceptable to contact his/her parent or guardian and leave the program at any time.***

By signing this form, I agree to and understand the above criteria for my teen to participate in this program.

Parent or Guardian Signature:_____

Phone number:_____

I have read this letter and understand what is expected of me so that I may participate in this program.

Teen Signature:_____

Newberg Library Card #: _____